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FACSIMILE COVER SHEET

DATE: April 25, 2005

TO: Examiner Ruth S. Smith

TC Art Unit: 3737

FROM: Thomas O. Hoover

Our File: NLI-001AX

Your Ref:

Application No. 08/745,509 Filed Date: November 12, 1996

Confirmation No.: 6390

Fax No.: (703) 872 9306

No. of pages transmitted (including this page): 9

Time:

Sent by: Diana Ruiz

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> PLEASE DELIVER DIRECTLY TO: EXAMINER Ruth S. Smith, Tel. (571) 272 TC ART UNIT NO: 3737

FOR ENTRY

Enclosed for filing please find a:

RCE/Amendment Transmittal Sheet **Amendment**

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.

Attorney for Applicant: Thomas O. Hoover

UMALI

Registration No. 32,470

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Application No.: 08/745,509 Filed: November 12, 1996 TC Art Unit: 3737 Confirmation No.: 6390

Rcv 10/04

WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP

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<u>Via Facsimile</u> COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Attorney

Date: April 25, 2005

Docket No.:

NLI-001AX

Sir:

In re application of: Michael S. Feld, et al.

Entitled:

A RAMAN ENDOSCOPE

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- [X] This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$395.00) per §1.17(e).
 - [] Enter the unentered amendment previously filed on _____ per §1.116.
- A Petition for Extension of Time for 3 months is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$1,020.00) per §1.17.
- [X] In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- [] Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	9 - 24	= 0	x \$200.00 =	\$0.00
Total	1 - 3	= 0	x \$50.00 =	\$0.00
[] Multiple Dependent Claims (1st presentation) + \$360.00 =				\$0.00
SEPTOPHIAD DO ANTOE				\$0.00
Small Entity filing, divide by 2. Small Entity status must be asserted.				\$0.00
TOTALADOMIONABTION				\$0.00

- [X] No additional fee. [] The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (_____) for the cost of same.
- [X] The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I bereby certify that this correspondence is being sent via facsimile to Examiner Ruth S. Smith, TC Art Unit 3737, Fax No. (703) 872 9306, on April 25, 2005.

Attorney of Record:

Thomas O. Hoover

Registration No.:

32,470

TOH/dxr 320433_1

PATENT

Rev 06/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER

APR 2 5 2005

In re application

: Michael S. Feld, et al.

Application No. : 08/745,509

Filed

: November 12, 1996

Confirmation No.

: 6390

For

: A RAMAN ENDOSCOPE

Examiner

: Ruth S. Smith

Attorney's Docket : NLI-001AX

TC Art Unit: 3737

I hereby certify that this correspondence is being sent via facsimile to Examiner Ruth S. Smith, TC Art Unit 3737, Fax No. (703) 872 9306, on April 25, 2005.

Thomas O. Hoover

Registration No. 32,470 Attorney for Applicant(s)

AMENDMENT

Via Facsimile Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated August 26, 2004, please amend the above-identified patent application as follows.